Conservative Care Options for Work-Related Mechanical Shoulder Conditions:
Summary Table of Public Comments with Responses

General Feedback	
Public Comment(s):	**IICAC Practice, Policy & Quality Subcommittee Response(s):**
1. "Document is useful for those who handle shoulder cases… time line is helpful… organization is good… resource should be shared with claim managers… adding anatomy was helpful"- **Grant - Adams Co. Chiropractic Society Science Workgroup**	1. These comments are in support of the practice resource.
2. A number of helpful suggestions were made regarding editing and organization of the document. – **various reviewers**	2. All suggestions were considered by the subcommittee and changes were made to increase clarity and usability.
Chiropractic/Medical Feedback	
Public Comment(s):	**IICAC Subcommittee Response(s):**
1. Rewording suggestions on page 1 to clarify urgency of referrals when red flags are present (eg, "Initially, patients with red flags or severe conditions should be referred to a specialist for urgent evaluation") - **Dr. Diana Chamblin, Everett Clinic**	1. The subcommittee agrees and modified wording to clarify urgent referrals when red flags are present.
2. Eliminate language related to ruling in mechanical conditions. - **Dr. Diana Chamblin, Everett Clinic**	2. The subcommittee believes retaining this language is important since it is expected that providers of conservative manual therapy (eg, DCs, PTs, DOs, and others) will make up a substantial proportion of end-users. Provision of such care without appropriate indication may be a quality problem and lead to unnecessary treatment. Revision for clarity was made.
3. "Surgery should be the last resort for 'rotator cuff tears and tendinoses that do not respond with manual methods', not subacromial steroid injections" (pg. 2) - **Dr. Diana Chamblin, Everett Clinic**	3. The subcommittee agrees and modified wording to clarify this.
4. "'Response should be evident'- part at about the 5 week part of the time line should include something about complications that might cause a lack of response at 4 to 6 weeks"- **Grant Adams Co. Chiropractic Society Science Workgroup**	4. The subcommittee agrees and modified wording to clarify this.

5. "What is a normal score on the SPADI or SST, in other words, what score would indicate patients are OK and what should providers strive for in the way of scores? What would be a normal score at first?"- **Grant Adams Co. Chiropractic Society Science Workgroup**	5. SPADI & SST questionnaires are used for people with shoulder symptoms/restrictions and serve as individual baselines and to assess progress over time. Therefore, there is no "normal" score per se. Thus, the instruments are not validated for diagnostic purposes nor comparing severity between different individuals, rather how a patient's pain and function changes over time. That said, an individual with no pain or loss of function would have zeros on both questionnaires. Statements clarifying this were added to the descriptions of the instruments in the Functional Questionnaire section of the document.
6. "Perhaps it would be helpful to include a numerical scale to track improvement in function." - **Grant Adams Co. Chiropractic Society Science Workgroup**	6. The subcommittee agrees and has included a pain interference scale in the progress checklist and the clinical assessment section.